



Contents

ii About the Health Care Criteria for Performance Excellence

The Baldrige Health Care Criteria empower your organization to reach your goals, improve results, and become more competitive by aligning your plans, processes, decisions, people, actions, and results.

iv How to Use This Booklet

You can use the material in this booklet as a reference, for self-assessment, or as the basis of an award assessment. Your experience with the Health Care Criteria will help you decide where to begin.

1 Health Care Criteria for Performance Excellence Framework and Structure

The Health Care Criteria requirements are embodied in seven integrated, interconnected categories. The categories are subdivided into items and areas to address.

3 Health Care Criteria for Performance Excellence Items and Point Values

4 Health Care Criteria for Performance Excellence

4 Preface: Organizational Profile

7 1 Leadership

10 2 Strategic Planning

13 3 Customer Focus

16 4 Measurement, Analysis, and Knowledge Management

18 5 Workforce Focus

22 6 Operations Focus

24 7 Results

28 Scoring System

Responses to Health Care Criteria items are scored on two evaluation dimensions: process and results.

32 Process Scoring Guidelines

33 Results Scoring Guidelines

34 How to Respond to the Health Care Criteria

These guidelines explain how to respond most effectively to the Health Care Criteria item requirements.

37 Core Values and Concepts

The core values and concepts are a set of embedded beliefs and behaviors found in high-performing organizations.

42 Changes from the 2011–2012 Health Care Criteria

44 Glossary of Key Terms

The glossary includes definitions of terms presented in SMALL CAPS in the Health Care Criteria and scoring guidelines.

52 Index of Key Terms

On the Web

Category and Item Commentary (http://www.nist.gov/baldrige/publications/hc_criteria.cfm)

This commentary on the Health Care Criteria provides additional examples and guidance.



Health Care Criteria for Performance Excellence

Begin with the Organizational Profile

The Organizational Profile is the most appropriate starting point for self-assessment and for writing an application. It is critically important for the following reasons:

- It helps you identify gaps in key information and focus on key performance requirements and results.
- You can use it as an initial self-assessment. If you identify topics for which conflicting, little, or no information is available, use these topics for action planning.
- It sets the context for your responses to the Criteria requirements in categories 1–7.

P Preface: Organizational Profile

The **Organizational Profile** is a snapshot of your organization, the KEY influences on HOW it operates, and the KEY challenges it faces.

P.1 Organizational Description: What are your key organizational characteristics?

Describe your operating environment and your KEY relationships with PATIENTS, other CUSTOMERS, suppliers, PARTNERS, and STAKEHOLDERS.

In your response, answer the following questions:

a. Organizational Environment

- (1) **HEALTH CARE SERVICE Offerings** What are your main HEALTH CARE SERVICE offerings (see the note on the next page)? What is the relative importance of each to your success? What mechanisms do you use to deliver your HEALTH CARE SERVICES?
- (2) **VISION and MISSION** What are your stated PURPOSE, VISION, VALUES, and MISSION? What are your organization's CORE COMPETENCIES, and what is their relationship to your MISSION?
- (3) **WORKFORCE Profile** What is your WORKFORCE profile? What are your WORKFORCE or employee groups and SEGMENTS? What are the educational requirements for different employee groups and SEGMENTS? What are the KEY elements that engage them in achieving your MISSION and VISION? What are your WORKFORCE DIVERSITY and job DIVERSITY? What are your organized bargaining units? What are your organization's special health and safety requirements?
- (4) **Assets** What are your major facilities, technologies, and equipment?
- (5) **Regulatory Requirements** What is the regulatory environment under which you operate? What are the applicable occupational health and safety regulations; accreditation, certification, or registration requirements; industry standards; and environmental, financial, and HEALTH CARE SERVICE delivery regulations?

b. Organizational Relationships

- (1) **Organizational Structure** What are your organizational structure and GOVERNANCE system? What are the reporting relationships among your GOVERNANCE board, SENIOR LEADERS, and parent organization, as appropriate?
- (2) **PATIENTS, OTHER CUSTOMERS, and STAKEHOLDERS** What are your KEY market SEGMENTS, PATIENT and other CUSTOMER groups, and STAKEHOLDER groups, as appropriate? What are their KEY requirements and expectations of your HEALTH CARE SERVICES, PATIENT and other CUSTOMER support services, and operations? What are the differences in these requirements and expectations among market SEGMENTS, PATIENT and other CUSTOMER groups, and STAKEHOLDER groups?
- (3) **Suppliers and PARTNERS** What are your KEY types of suppliers, PARTNERS, and COLLABORATORS? What role do they play in your WORK SYSTEMS, especially in producing and delivering your KEY HEALTH CARE SERVICES and PATIENT and other CUSTOMER support services? What role do they play in enhancing your competitiveness? What are your KEY mechanisms for communicating with suppliers, PARTNERS, and COLLABORATORS? What role, if any, do these organizations play in contributing and implementing INNOVATIONS in your organization? What are your KEY supply-chain requirements?

Terms in SMALL CAPS are defined in the Glossary of Key Terms (pages 44–51).

Notes

P. Your responses to the Organizational Profile questions are very important. They set the context for understanding your organization and how it operates. Your responses to all other questions in the Baldrige Criteria should relate to the organizational context you describe in this Profile. Your responses to the Organizational Profile questions thus allow you to tailor your responses to all other questions to your organization's uniqueness.

P.1a(1). "Health care service offerings" are the services you offer in the marketplace. Mechanisms for delivering services to your patients might be direct or might be indirect, through contractors, collaborators, or partners.

P.1a(2). "Core competencies" are your organization's areas of greatest expertise. They are those strategically important capabilities that are central to fulfilling your mission or provide an advantage in your market or service environment. Core competencies are frequently challenging for competitors or suppliers and partners to imitate and frequently preserve your competitive advantage.

P.1a(3). Workforce or employee groups and segments (including organized bargaining units) might be based on the type of employment or contract reporting relationship, location, tour of duty, work environment, use of certain family-friendly policies, or other factors.

P.1a(3). Organizations that also rely on volunteers to accomplish their work should include volunteers as part of their workforce.

P.1a(5). Industry standards might include industrywide codes of conduct and policy guidance.

P.1b(2). Customers include the users and potential users of your health care services. They are the direct users of your health care services (patients), as well as referring health care providers and users who pay for your services, such as patients' families, insurers, and other third-party payors.

P.1b(2). Patient and other customer groups might be based on common expectations, behaviors, preferences, or profiles. Within a group, there may be customer segments based on differences and commonalities. You might subdivide your market into market segments based on health care service lines or features, service delivery modes, payors, volume, geography, or other factors that you use to define a market segment.

P.1b(2). The requirements of your patient and other customer groups and your market segments might include accessibility, continuity of care, safety, security, leveraging of technology, billing requirements, socially responsible behavior, community service, cultural preferences, and multilingual services.

P.1b(3). Communication mechanisms should be two-way and use understandable language, and they might involve in-person contact, e-mail, the World Wide Web, or the telephone. For many organizations, these mechanisms may change as marketplace, patient, other customer, or stakeholder requirements change.

For additional guidance on this item, see the Category and Item Commentary (http://www.nist.gov/baldrige/publications/hc_criteria.cfm).

3.2 Customer Engagement: How do you serve patients' and other customers' needs to engage them and build relationships? (45 pts.)

Describe HOW you determine HEALTH CARE SERVICE offerings and communication mechanisms to support your PATIENTS and other CUSTOMERS. Describe HOW you build relationships with PATIENTS and other CUSTOMERS.

In your response, include answers to the following questions:

a. Service Offerings and PATIENT and Other CUSTOMER SUPPORT

- (1) **Service Offerings** HOW do you determine PATIENT, other CUSTOMER, and market requirements for HEALTH CARE SERVICE offerings? HOW do you identify and adapt service offerings to meet the requirements and exceed the expectations of your PATIENT and other CUSTOMER groups and market SEGMENTS (identified in the Organizational Profile)? HOW do you identify and adapt service offerings to enter new markets, to attract new PATIENTS and other CUSTOMERS, and to create opportunities to expand relationships with current PATIENTS and other CUSTOMERS, as appropriate?
- (2) **PATIENT and Other CUSTOMER Support** HOW do you enable PATIENTS and other CUSTOMERS to seek information and support? HOW do you enable them to obtain HEALTH CARE SERVICES from you and give feedback on your services and your PATIENT and other CUSTOMER support? What are your KEY means of PATIENT and other CUSTOMER support, including your KEY communication mechanisms? HOW do they vary for different PATIENT and other CUSTOMER groups or market SEGMENTS? HOW do you determine your PATIENTS' and other CUSTOMERS' KEY support requirements? HOW do you ensure that these requirements are DEPLOYED to all people and PROCESSES involved in PATIENT and other CUSTOMER support?
- (3) **PATIENT and Other CUSTOMER Segmentation** HOW do you use information on PATIENTS, other CUSTOMERS, markets, and HEALTH CARE SERVICE offerings to identify current and anticipate future PATIENT and other CUSTOMER groups and market SEGMENTS? HOW do you consider competitors' PATIENTS and other CUSTOMERS as well as other potential PATIENTS, other CUSTOMERS, and markets in this segmentation? HOW do you determine which PATIENT and other CUSTOMER groups and market SEGMENTS to emphasize and pursue for business growth?

b. Building Relationships with PATIENTS and Other CUSTOMERS

- (1) **Relationship Management** HOW do you market, build, and manage relationships with PATIENTS and other CUSTOMERS to
 - acquire PATIENTS and other CUSTOMERS and build market share;
 - retain PATIENTS and other CUSTOMERS, meet their requirements, and exceed their expectations in each stage of their relationship with you; and
 - increase their ENGAGEMENT with you?
 HOW do you leverage social media to enhance PATIENT and other CUSTOMER ENGAGEMENT and PATIENTS' and other CUSTOMERS' relationships with your organization?
- (2) **Complaint Management** HOW do you manage PATIENTS' and other CUSTOMERS' complaints? HOW do you ensure that complaints are resolved promptly and EFFECTIVELY? HOW does your management of these complaints enable you to recover your PATIENTS' and other CUSTOMERS' confidence and enhance their satisfaction and ENGAGEMENT?

Terms in SMALL CAPS are defined in the Glossary of Key Terms (pages 44–51).

Notes

3.2. “Customer engagement” refers to your patients’ and other customers’ investment in or commitment to your organization and health care service offerings. Characteristics of engaged patients and other customers include retention and loyalty, willingness to make an effort to obtain health care services from you—and increase the services they obtain from you—and willingness to actively advocate for and recommend your organization and its health care service offerings.

3.2a. “Health care service offerings” and “health care services” refer to the services and programs that you offer in the marketplace. In identifying health care service offerings, you should consider all the important characteristics of services that patients and other customers receive in each stage of their relationships with you. The focus should be on features that affect patients’ and other customers’ preference and loyalty—for example, features that affect their view of clinical and service quality and that differentiate your services from competing offerings or other organizations’ services. Those features might include extended hours, family support services, ease of access to and use of your services, timeliness,

cost, and assistance with billing/paperwork processes and transportation. Key service features might also take into account how transactions occur and factors such as the confidentiality and security of patient and other customer data. Your results on performance relative to key service features should be reported in item 7.1, and those for patients’ and other customers’ perceptions and actions (outcomes) should be reported in item 7.2.

3.2a(2). The goal of patient and other customer support is to make your organization easy to obtain health care services from and responsive to your patients’ and your other customers’ expectations.

3.2b. Building relationships with patients and other customers might include developing partnerships or alliances with them.

For additional guidance on this item, see the *Category and Item Commentary* (http://www.nist.gov/baldrige/publications/hc_criteria.cfm).